

SHIIP NEWS

NEBRASKA SENIOR HEALTH INSURANCE INFORMATION PROGRAM

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OUR BEST YEAR YET....

The Nebraska SHIIP report for Medicare counseling activities has been completed for the April 2005-March 2006 contract term. What a great year! SHIIP counseling opportunities soared with a reported 14,766 people counseled by our volunteers and staff. That's 8,349 more people counseled than last year! Outreach events also increased; 1,507 events, ranging from public presentations, informational booths, television and radio spots, newspaper articles, and enrollment events were reported – an increase of 1,029 events from last year. These 1,500+ events educated over 3,543,040 people about Medicare and the Part D benefit. The SHIIP offices also conducted 22 initial trainings and 21 update trainings that resulted in an increase of 197 volunteers.

Many of these increases were due to the start-up of Part D. SHIIP, the Nebraska Medicare Prescription Drug Benefit Coalition, and numerous other groups across the state increased the amount of outreach and enrollment events to ensure that all those entitled to the benefit were given the opportunity to enroll. We can confidently say that our outreach and counseling efforts were a success. It's clear that most Nebraskans were well-educated about their drug plan options. Often times, these decisions were based on the expertise of SHIIP volunteers and our valued partners.

With open enrollment quickly approaching, beneficiaries will continue to need our counseling assistance. We must now regroup, begin planning outreach and enrollment events, and get ready for another amazing year in Medicare history. Not only have beneficiaries saved thousands of dollars through their participation in the Part D program, they are also reaping Medicare's Preventive Benefits, as well as expanded health benefit coverage options. As Medicare changes, we must continue to provide free, accurate, and unbiased counseling services to our beneficiaries.

To sum it up....simply amazing! Your hard work, dedication, and determination has paid off, and our program has proven vital to the Medicare beneficiaries, their families, and citizens of the state of Nebraska. The impact you have all had in your communities cannot be measured. Get ready, more fun is yet to come!



CLIENT CONTACTS OVER 5,000

5,251 client contacts were reported during the last quarter. Volunteers submitting forms include:

Marilyn Alber	Marian Freberg	Kim Langdon	Sherry Rush
Jean Armstrong	Donna Garwood	Evelyn Larrick	Susan Schawe
Patricia Bailey	Barbara Graham	Judy Leafdale	Cathy Schievelbein
Frank Balderson	Gloria Gummere	Dorothy Lee	Addie Schroeder
Carol Barr	Bill Hamilton	Judy Lewis	Cindy Schurr
Janet Bartak	Helen Hancock	Kim Lutrell	Nancy Schwisow
Dorann Bartels	Michael Hashman	Joyce Mack	Verna Shannon
Peg Becker	Marnie Heider	Jodi Mackin	Tess Sinner
Harry Bianchi	Michele Henke	Shirley McCall	Charlotte Smart
Susan Block	Marilyn Henry	Nancy Meeker	Shirley Smith
Mary Bowman	Cathy Hitz	Juanita Moore	Lenore Spencer
Rita Brehmer	Angela Howell	Sara Morris	Jackie Staack
Huldah Brown	Shannon Howell	Donna Mulder	Betty Stiles
Jill Cammack	Evelyn Humliceck	Linda Munn	Rhonda Stokebrand
Carolyn Cerny	Debbie Ives	Janelle Mussmann	Rahman Strum
Kevin Cline	Ann Jamison	Annie Nuss	Brenda Syfie
Tena Cline	Tiffany Jarosik	Brenda Oberg	Shawna Tatman
Rena Conner	Roylene Jenkins	Bonnie O'Brien	Amy Theis
Gladys Cooper	Marge Jerabek	Robertta Owens	Rachel Theye
Lori Dannar	Ruth Kamino	Len Pacer	Steven Trickler
Lori DeBoer	Brad Kastl	Loren Parks	Carol Uden
Houston Doan	Kristin Kinnick	Sally Pichler	James Umshler
Connie Dvorak	Mary Guin Knoll	Marcia Pierson	Diane White
Dorothy Eaton	Nancy Kohler	Sue Rikli	Pat Wilcox
Jim Elliott	Sunny Kontor	Pat Ringlein	Susan Williams
Kathy Erickson	Ann Kroeger	Jacki Rittscher	Harley Winchester
Charles Evans	Laura Kruse	Sharon Roberds	Jeanine Wragge
Lisa Franco	Trudy Kubicek	Pam Roberts	Doe Zwick
Gerald Freberg	Shirley Lake	Jody Roeker	

PUBLIC & MEDIA OUTREACH EVENTS

296 outreach events were logged during the last quarter. The following volunteers submitted forms:

Marilyn Alber	Donna Garwood	Dorothy Lee	Cindy Schurr
Patricia Bailey	Barbara Graham	Joyce Mack	Shirley Smith
Frank Balderson	Brenda Halstead	Linda Maly	Jackie Staack
Carol Barr	Raymond Herbert	Marcia Matthies	Betty Stiles
Tami Barrett	Cindy Kadavy	Linda Munn	Rahman Strum
Dorann Bartels	Dennis Kamprath	Tom Murray	Brenda Syfie
Peg Becker	Brad Kastl	Janelle Mussmann	Shawna Tatman
Huldah Brown	Scott Knapp	Ruth Neeman	Amy Theis
Tena Cline	Mary Guin Knoll	Pat Ringlein	DeAnna Tuttle
Lori Dannar	Nancy Kohler	Pam Roberts	Diane White
Houston Doan	Sunny Kontor	Sherry Rush	Pat Wilcox
Angela Early	Ann Kroeger	Cathy Schievelbein	Susan Williams
Lisa Franco	Evelyn Larrick	Addie Schroeder	Doe Zwick

TRAINER NOTES

PLANNING FOR THE FUTURE

We survived the Part D initial enrollment period - whew! As we anxiously await the final enrollment numbers for Nebraska, I want to offer my gratitude and congratulations. This tremendous effort was possible only because of your hard work and dedication. I cannot thank you enough for what you have done in your communities.

SHIIP initial trainings were held across the state and many new faces have been welcomed to the program. I trust these new volunteers will come to know the satisfaction of assisting beneficiaries with their insurance questions, just as others have before them. Remember to contact your Regional Representative or any one of us in the SHIIP office if you have questions or need assistance.



Update trainings also took place during the past two months; thanks to all who attended. I appreciate your continued hard work and dedication. If you were unable to attend an update, and need copies of the training materials or the SHIIP manual update, contact your Regional Representative.

We may have just finished the Part D initial enrollment period, but it's already time to begin planning for the Annual Coordinated Election Period, which runs from November 15th until December 31st.

Beneficiaries are allowed to change drug plans during this time, so start thinking of ways to increase awareness, or begin planning your enrollment events today. Contact your Regional Representative or myself if you are interested in helping with these efforts.

As I close, I would like all of you to pat yourselves on the back for all your hard work and the important assistance you provide to the Medicare beneficiaries of this great state. Our program is built on the foundation of volunteerism and because of you, the Nebraska SHIIP is looked upon as one of the leading State Health Insurance Assistance Programs in this country. Thank you again!

WELCOME NEW VOLUNTEERS

SHIIP is always looking for good volunteers. The following individuals completed the initial training as of May 31, 2006 to become official SHIIP counselors. Welcome aboard!

Kathy Benes	Jo Jones	Charlotte Smart
Gerry Bloomquist	Kathy Kohlman	Jack Smith
Huldah Brown	Laura Mackeprang	Lenore Spencer
Becky Covalt	Larry McKee	Hal Sutter
Marnie Daley	Nancy Meeker	DeAnna Tuttle
Janet Domeier	Jack Noodell	Carol Uden
Connie Dvorak	Sandy Preston	Judy Williams
Rosemary Enloe	Robert Schmidt	Jerry Wingert
Jennifer Harlan	Linda Schneider	Don Zebolsky
Mark Hunter	Rick Scofield	Dorothy Zwick
Jim Jackson	Elaine Shuck	

REMINDER

Each SHIIP volunteer must submit a minimum of four (4) client contact and/or outreach forms every grant year to maintain his/her active status. Please submit your forms in a timely manner.

MEDICARE PART D FRAUD IN NEBRASKA

- submitted by Cindy Kadavy, ECHO Project Director

Based on the complaints that continue to be received at both the state and federal level, unsavory individuals continue to prey on vulnerable adults and their confusion about the Medicare drug benefit. Certain patterns from these various scams are described below. Be aware that as quickly as scams are identified and word is spread about them, new ones are being developed.

\$299 SCAM

This scam includes a range of variations. Reports continue to be received, most recently in the Omaha area, from people who have received a phone call, which typically follow this pattern:

- 1) The caller identifies him/herself as representing a legitimate-sounding organization by including governmental or healthcare words in the title. Examples include National Medical Office, Priority Assistance Group, and Benefits Trust.
- 2) Next, the caller provides some piece or pieces of personal information about the individuals like their name, their bank's name or routing number, etc. This helps to reinforce the caller's legitimacy, although this information is fairly easy to obtain.
- 3) The caller then explains the purpose of the call, which is typically to "help" the individual by making the Medicare Part D enrollment process easier, to help them access benefits, save money, or because the government says they must participate.

The first strategies persuade individuals that the caller will help them. The last is a tactic to intimidate individuals by suggesting they will be in trouble with the government if they don't comply.

- 4) Finally, the caller asks for information such as Medicare number, or account numbers

The best defense is to remember that if something doesn't seem legitimate, it probably isn't. It's okay for individuals to say, "No," or even to be rude.

OVERLY AGGRESSIVE OR MISLEADING SALES OF MEDICARE ADVANTAGE PLANS

Complaints continue from individuals, both in Nebraska and across the country, who have been enrolled in a Medicare Advantage plan without understanding its benefit structure.

Some agents are very aggressive in their sales techniques, including arriving at a beneficiary's home unannounced and becoming intimidating if the beneficiary resists the sale. Beneficiaries should file a complaint with the Nebraska Department of Insurance if they feel they have been misled or mistreated by an agent.

PATIENT ASSISTANCE PROGRAMS

Some organizations are charging individuals a fee to locate a Patient Assistance Program that will cover their medications. These fees tend to be fairly substantial with typically no promises of success.

A recent example of this is *My Free Medicine*. This organization charges \$200 every six months to assist individuals. This organization is currently under investigation and has lawsuits pending.

Applying for Patient Assistance Programs is free. There are legitimate organizations that can assist individuals in locating these programs – at no cost.

PHARMACY COMPLAINTS

On the national level, complaints continue to be received regarding pharmacies that are shorting people on their medications or that are steering individuals toward a particular plan or physician.

NEBRASKA ECHO PROJECT

Nebraska's ECHO Project works to educate the public on how to identify, report and prevent Medicare and Medicaid fraud and error. For questions, or to report possible Medicare or Medicaid fraud, contact the ECHO Project (Educating and Empowering Consumers of Healthcare Organizations) at **1-800-942-7830**.

NEBRASKA MEDICARE COALITION UPDATE

Nebraska's Medicare Prescription Drug Benefit Coalition continues to provide outreach, education, and enrollment assistance to Nebraska's Medicare beneficiaries. Through the continued collaboration between over 1,000 members, Nebraska's beneficiaries receive a service that is immeasurable.

Nebraska's Coalition provided a one-hour Nebraska Connects special through the Nebraska Educational Television Network on the Medicare Part D benefit in April. A panel of experts appeared on this program, including - Dick Nelson, Health and Human Services; Mary Hammond, Nebraska Pharmacists Association; Averil Savery, a Medicare beneficiary; and Jina Ragland, Nebraska SHIP. These experts provided a question and answer program on the various aspects of Medicare's Part D benefit. The purpose of the show was to provide beneficiaries across the state with tools to make a sound decision about Part D benefits before the May 15th deadline. The program was broadcast several times on the NETV station, potentially reaching over 25,000 people during each viewing. The program also provided a kick-off for the Coalition Care-A-Van tour across the state.

The Coalition Care-A-Van was a great success. The coalition core team partnered with other local coalition communities in pulling off a fantastic series of enrollment events across the state. The Care-A-Van traveled to 15 locations during the last weeks of open enrollment to provide beneficiaries with opportunities to sit down with counselors and discuss their drug plan options. The planning and preparation that each community put into these events was admirable. Through the Care-A-Van, we were able to reach 899 Medicare beneficiaries, enrolled 601 of them, and qualified 100 beneficiaries for the extra help.

The coalition completed another teleconference training call in June, providing updated information on coalition activities, enrollment statistics, as well as discussing the future of Part D. The coalition will be taking a break over the summer months with plans to begin again in September. Nebraska's Medicare Prescription Drug Benefit Coalition is also planning to host its 4th video satellite broadcast training this fall. This teleconference will consist again of a panel of experts with new and updated information on the Part D benefit.



We are pleased to also announce that the coalition will be continuing the use of the answers4families.org website as the homepage of the coalition website. This website will be continuously updated with information on the coalition, the Part D benefit, as well as a community calendar with education and enrollment opportunities across the state. We invite all partners, as well as those interested in joining the coalition, to continually check the website for the latest information; you can also register any presentations or outreach events taking place in your area. Since the inception of the website, there have been 30,279 hits and 11,139 individual visitors to the site.

The Nebraska SHIP, in partnership with the Nebraska Medicare Prescription Drug Benefit Coalition, extends a heartfelt thank you to all the members across the state who have made the Part D enrollment effort a success. It truly is exciting to see a state come together with a unified mission and prove that it can be done!

Q & A

Q: My mother becomes eligible for Medicare this year. Will she need to enroll in Part B if she already has insurance from her job? She plans to retire soon and isn't sure what coverage she needs. Could she have both her current insurance and Medicare? How would that work?

A: If your mother becomes eligible for Medicare while she is still working, you must find out whether her employer insurance is *primary* or *secondary* to determine whether or not she needs to enroll in Medicare.

Primary insurers pay first (for example, 80 percent of the approved amount for a doctor visit).

Secondary insurers often pay all or some of the unpaid portion of covered health care expenses after the primary insurer has paid (for example, the remaining 20 percent of the approved amount for a doctor visit).

Her employer coverage is primary if:

- she is 65 or older and has health insurance through her (or her spouse's) current job with an employer that has 20 or more employees;
- she is under 65 and disabled or diagnosed with amyotrophic lateral sclerosis (ALS) and has health insurance coverage through her (or her family member's) current job with an employer that has 100 or more employees;
- she has End-Stage Renal Disease (ESRD). If so, her employer coverage from her current job is primary for the first 30 months after she is first eligible

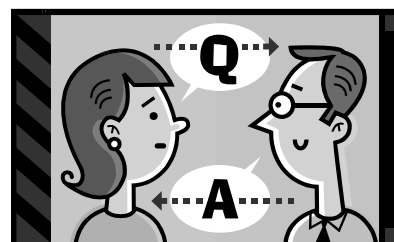
for Medicare Part A. Medicare becomes primary after that 30-month "coordination period" (even if she has not yet applied for Medicare and regardless of whether she is also entitled to Medicare because of age or disability).

If her employer coverage is primary, she does not need to enroll in Medicare if she is satisfied with her job's coverage.

If she retires before she becomes eligible for Medicare, any insurance she gets from a past job will be considered *retiree insurance*. Retiree insurance is almost always secondary (pays after Medicare) and does not pay anything if she does not have Medicare. That means she needs to enroll in Medicare Part A and Part B so that she will have full insurance coverage.

Retiree coverage can be expensive, but if she can afford it, it may be worth the price. It acts as supplemental insurance, paying her Medicare deductibles and coinsurance, as well as paying for some services Medicare does not cover, such as vision and dental care.

She should call her employee benefits office to find out how her retiree policy works with Medicare. Will it pay secondary? Can she go to any doctor or only network doctors?



Q & A

Q: My doctor recently diagnosed the chest pains that I have been having as a symptom of angina. He prescribed a medication and said I may need to consider surgery. Is there anything else Medicare will cover to help treat my heart condition other than an operation or prescription drugs?

A: Yes. When you have a serious heart disease, a supervised exercise program, tailored to your individual needs, can help get your heart back into shape and improve the quality of your life.

Medicare will cover a cardiac exercise program if you:

- have had a heart attack in the last 12 months; had coronary bypass surgery; and/or have stable angina pectoris (chest pain or discomfort caused by clogged arteries);
- get a referral from a doctor;
- receive services at the outpatient department of a hospital or in a doctor-directed clinic; and
- have supervised exercise sessions done with continuous monitoring of the electrical activity of the heartbeat.

According to the American Heart Association, you may have stable angina (or chronic angina) if you experience predictable episodes of chest discomfort. These episodes may be brought on during periods of physical exertion or mental or emotional stress.

You should ask your doctor if the Medicare cardiac exercise program benefit could work for you. If he/she approves this treatment and

you meet the other criteria outlined above, Medicare will pay 80 percent of the Medicare-approved amount (after you have paid the Part B deductible) for two to three sessions each week for 12 weeks. If your doctor decides this program is medically necessary, Medicare will cover up to a total of 72 sessions each year.



Q: My 93 year-old father is homebound, very frail, and needs help going to the doctor. Does Medicare cover non-emergency ambulance services?

A: Generally, no. However, Medicare may cover non-emergency ambulance services if your father is confined to his bed and he has a written statement from his doctor certifying the medical necessity of the ambulance transportation before he gets the service.

For patients in facilities where they are under the direct care of a doctor, ambulance providers may obtain written certifications within 48 hours after transport.

ENSURING THE RIGHTS OF MEDICARE BENEFICIARIES

- submitted by CIMRO of Nebraska

As the Medicare Quality Improvement Organization for the State of Nebraska, CIMRO of Nebraska is proud to partner with the Senior Health Insurance Information Program, as well as other healthcare organizations across Nebraska to improve the delivery of care to Medicare beneficiaries.

Under contract with the Centers for Medicare & Medicaid Services (CMS), CIMRO of Nebraska works to protect the rights of Medicare beneficiaries. If a beneficiary or a beneficiary's representative has a concern about the quality of care received from a Nebraska hospital, emergency department, skilled nursing or rehabilitation facility, ambulatory surgery center, doctor's office, or homecare agency, call 1-800-MEDICARE (1-800-633-4227), to discuss the concern and request a complaint form from the Quality Improvement Organization.

Complaints must be submitted to CIMRO of Nebraska in writing. The correspondence must include the following items: name of beneficiary; Medicare claim number; name of complainant; facility name/healthcare provider; date of admission; and a description of the concern.

Once this information has been received, CIMRO of Nebraska will begin the review process by obtaining a copy of the beneficiary's medical record. The entire review process can take 3-6 months to complete.

If no serious quality of care concerns are found, CIMRO of Nebraska may offer the option of mediation to resolve the concern. Mediation involves dialogue between the beneficiary and/or representative, and the healthcare provider. The confidential mediation process offers an avenue of communication in a neutral and non-threatening environment. Mediation will help to address the concerns without the need for a lengthy medical record review process. CIMRO of Nebraska will facilitate the mediation process.

For more information regarding the beneficiary complaint process, please call 1-800-458-4262 and ask to speak to a CIMRO of Nebraska Case Review/Beneficiary Protection Specialist, or visit our website at www.cimronebraska.org.



Resources for better healthcare

The Centers for Medicare & Medicaid Services (CMS) in Kansas City (KC) is Nebraska's regional CMS office, and is available to help SHIP volunteers with PDP complaint and disenrollment issues. CMS-KC can be reached at (816) 426-2866.

With Summer being a common time for health fairs, volunteers are reminded that a supply of give-away items (both SHIP and Medicare-related) is available to order. Contact the SHIP office if you need anything.

MEDICARE PART D: ADJUSTMENTS FOR 2007

With the 2006 Part D Initial Enrollment Period behind us, it's not too early to look at program changes for 2007. The following chart outlines those adjustments as directed by the Medicare Modernization Act.

PART D BENEFIT PARAMETERS	2006	2007
<u>Part D Standard Benefit Design Parameters</u>		
Deductible	\$250	\$265
Initial Coverage Limit	\$2,250	\$2,400
Out-of-Pocket Threshold	\$3,600	\$3,850
Total Covered Part D Drug Spending at OOP Threshold	\$5,100	\$5,451.25
<u>Minimum Cost-sharing in Catastrophic Coverage Portion of Benefit</u>		
Generic/Preferred multi-source drug	\$2.00	\$2.15
Other	\$5.00	\$5.35
<u>Part D Full Benefit Dual Eligible Parameters</u>		
Co-payments for Institutionalized Beneficiaries	\$0.00	\$0.00
<u>Maximum Co-payments for Non-Institutionalized Beneficiaries-Up to or at 100% FPL</u>		
<i>Up to Out-of-Pocket Threshold</i>		
Generic/Preferred multi-source drug	\$1.00	\$1.00
Other	\$3.00	\$3.10
<i>Above Out-of-Pocket Threshold</i>		
Generic/Preferred multi-source & Other drugs	\$0.00	\$0.00
<u>Maximum Co-payments for Non-Institutionalized Beneficiaries-Over 100% FPL</u>		
<i>Up to Out-of-Pocket Threshold</i>		
Generic/Preferred multi-source drug	\$2.00	\$2.15
Other	\$5.00	\$5.35
<i>Above Out-of-Pocket Threshold</i>		
Generic/Preferred multi-source & Other drugs	\$0.00	\$0.00
<u>Part D Non-Full Benefit Dual Eligible Full Subsidy Parameters</u>		
<i>Maximum Co-payments up to Out-of-Pocket Threshold</i>		
Generic/Preferred multi-source drug	\$2.00	\$2.15
Other	\$5.00	\$5.35
<i>Maximum Co-payments above Out-of-Pocket Threshold</i>		
Generic/Preferred multi-source & Other drugs	\$0.00	\$0.00
<u>Part D Non-Full Benefit Dual Eligible Partial Subsidy Parameters</u>		
Deductible	\$50.00	\$53.00
Co-Insurance up to Out-of-Pocket Threshold	15%	15%
<i>Maximum Co-payments above Out-of-Pocket Threshold</i>		
Generic/Preferred multi-source drug	\$2.00	\$2.15
Other	\$5.00	\$5.35

MEDICARE PREVENTIVE SERVICES

Over the last several years, Medicare has begun covering many services designed to detect and/or prevent disease. These services are covered regardless of how a person receives Medicare (Original Medicare plan, Medicare Advantage, or other Medicare Health plan). The following chart outlines these covered services:

COVERED SERVICES	ELIGIBLE BENEFICIARIES	IMPACT
Bone mass measurements	People at risk, once every 24 months (more if necessary)	Helps determine if you are at risk for broken bones
Cadiovascular screenings*	All people with Medicare, every 5 years	Cholesterol, lipid, triglyceride levels so doctor can help you prevent a heart attack or stroke
Colorectal cancer screening	Generally, all people age 50 or older, or people at high risk for colorectal cancer; tests and frequency vary based on level of risk; payment varies	To find and remove precancerous growths to prevent cancer; to find colorectal cancer early, when treatment is most effective
Diabetes screenings*	People with certain risk factors or diagnosed with pre-diabetes, up to 2 screenings per year	To check for diabetes (diabetic supplies and diabetes self-management training also covered)
Flu shots	All people, once a flu season	To help prevent infection by the flu virus
Glaucoma tests	People at risk, once every 12 months	To help prevent glaucoma
Hepatitis B shots	People at high or medium risk	To protect people against Hepatitis B
Pap test and pelvic exams* (includes breast exam)	All women, every 24 months; women at high risk, every 12 months	To check for cervical and vaginal cancers
Pneumococcal shot	All people, generally only needed once in a lifetime	To help prevent pneumococcal infections
Prostate cancer screening*	Men over age 50, once every 12 months	Digital rectal exam and Prostate Specific Antigen (PSA) test to help find cancer
Smoking cessation counseling	Up to 8 visits in a 12-month period if you have a smoking-related illness or are taking medicine affected by tobacco	To help you quit smoking or other tobacco use
Screening mammograms*	All women age 40 or older, once every 12 months; one baseline test, age 35-39	To check for breast cancer before the person or doctor may be able to feel it
“Welcome to Medicare” physical exam	All new enrollees in Medicare Part B; exam must be completed within the first 6 months of Part B coverage	One-time review of person’s health; education and counseling; certain screenings and shots; referrals for other care if needed

**Part B deductible does not apply.*

Beginning in 2007, Medicare will begin covering **ultrasound screening for abdominal aortic aneurysms** and **will not impose a deductible for colorectal screening** (previously subject to Part B deductible). For more information on any of these preventive benefits, contact your local SHIIP office.

NEBRASKA MEDICARE PARTNERS

Several Nebraska Medicare partners are dedicated to assisting you with your Medicare issues and other health insurance-related concerns. These partners include:

Medicare Part A provides information on:

- Inpatient hospital services
- Skilled nursing facility services
- Outpatient facility services/procedures
- Rehabilitation services

Call 1-800-Medicare (1-800-633-4227)

Medicare Part B handles your claims for:

- Medical/professional services rendered in an office, inpatient, or outpatient setting
- Lab tests, x-rays, and diagnostic tests
- Ambulance transportation

Call 1-800-Medicare (1-800-633-4227)

DMERC processes claims for durable medical equipment & supplies including:

- Home dialysis equipment
- Immunosuppressive & oral anti-cancer drugs
- Therapeutic shoes for diabetics
- Wheelchairs, walkers, canes, etc.
- Power-operated vehicles

Call 1-800-Medicare (1-800-633-4227)

Quality Improvement Organization handles quality of health care issues including:

- Hospital, skilled nursing, and home health care
- Your patient rights, including discharge issues
- Care in a Medicare HMO

Call CIMRO of Nebraska (1-800-458-4262)

Nebraska Department of Health and Human Services, Unit on Aging is a State Agency providing information about:

- Nebraska Aging Network
- Benefits Eligibility Screening Services
- Long-Term Care Ombudsmen
- ECHO - Medicare Fraud and Abuse
- Legal service referrals
- Care management services in the home

Call Unit on Aging (1-800-942-7830)

Railroad Retiree Board handles Medicare eligibility and enrollment for railroad retirees.

Call Railroad Retiree Board (1-402-221-4641)

Federal Employee Health Benefits Program answers questions about FEHBP and Medicare for federal retirees.

Call FEHBP at (1-888-767-6738)

Social Security Administration can help with:

- Medicare eligibility and enrollment
- Changing your address for Medicare
- Replacing your Medicare card
- Questions on Medicare Premium

Call SSA at (1-800-772-1213)

Nebraska Dept. of Health & Human Services handles:

- Medicaid spend-down
- Medicare Savings Programs

Call HHSS at (1-800-685-5456)

Nebraska Department of Insurance will help with:

- Health, Life, Auto & Property insurance questions
- Filing a complaint regarding insurance coverage
- Insurance Fraud complaints

Call NDOI at (1-877-564-7323)

NE Dept. of Health & Human Services, Dept. of Regulation & Licensure handles complaints on:

- Licensed & certified health care providers, also long-term & non-long-term care facilities

Call Dept. of Reg. at (1-402-471-2133)

Nebraska Senior Health Insurance Information Program (SHIIP) is a state counseling program providing information about:

- Medicare supplemental insurance
- Medicare Advantage plans
- Long-term care insurance
- Medicaid, QMB, and SLMB programs
- Comprehensive Health Insurance Pool (CHIP)

Call SHIIP at (1-800-234-7119)

Home Health Intermediary can assist with:

- Information about Home Health or Hospice Care

Call 1-800-Medicare (1-800-633-4227)

Department of Labor is a Federal Agency that assists with COBRA questions and employer requirements on group health insurance plans.

Call Department of Labor at (1-866-444-3272)

Coordination of Benefits Office assists beneficiaries with Medicare primary/secondary payer determination when multiple insurance coverage exists.

Call COB at (1-800-999-1118)

Veterans' Affairs assists with VA Benefits questions.

Call VA at (1-877-222-8387)



Nebraska Department of Insurance
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